



Office of Clinical Standards & Quality

FACT SHEET

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UPDATE: Use of the CARE Instrument in the QIO Program 9th Statement of Work *CARE Users Now Urged to Transition to New Formats for Collecting CARE Data*

CMS announced today important changes in how it is advising its Quality Improvement Organization (QIO) contractors to collect data about transitions of care as part of its 14-state Care Transitions Project. Specifically, CMS is asking its QIO contractors to begin engaging CARE users in Care Transitions Project communities to begin using paper-based or other non-Web-based methods for completing the CARE assessment.

Background: The Role of the CARE Instrument in the Care Transitions Project

In August 2008, the Centers for Medicare & Medicaid Services (CMS) awarded contracts for the Quality Improvement Organization (QIO) Program's 9th Statement of Work (SOW). A major Theme of the 9th SOW is Care Transitions, which aims to measurably improve the quality of care for Medicare beneficiaries who transition among care settings through a comprehensive community effort. These efforts aim to reduce readmissions following hospitalization and to yield sustainable and replicable strategies to achieve high-value health care for sick and disabled Medicare beneficiaries.

To achieve these gains, one quality improvement strategy/tool being implemented in the Care Transitions Theme is the Internet-based, standardized assessment instrument, referred to as CARE (Continuity Assessment Record and Evaluation).

The CARE instrument, with a standardized set of data elements, enables a variety of health care providers to uniformly measure and compare Medicare beneficiaries' health and functional status across settings, over time. CARE and its supporting application will allow authorized clinicians, with a need to know, to electronically view their patients' recent medical history (from the previous setting) and allow them to record and rapidly communicate their patients' current health status to the next care setting.

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Currently, nursing homes, inpatient rehabilitation facilities and home health agencies use different federally-mandated assessment instruments (MDS, OASIS, IRF-PAI) to collect and report health status and quality data. These instruments use incompatible data formats, different scales and assessment periods making it difficult to compare outcomes and utilization across providers over time.

CMS is leveraging the insights gained from the development and piloting the CARE Instrument to move CMS forward with developing a single, uniform, interoperable data set to measure and compare quality, outcomes, cost and value across provider settings, and over time. CARE will also incorporate federally recognized standards for terminology and data exchange to promote interoperability among providers and with CMS.

CMS has incorporated feedback from QIOs and providers to develop items designed to improve communication across the transition, known as the Handover Management section of the CARE instrument. Provider use of the CARE instrument in the Care Transitions Project will provide CMS with valuable information on the usefulness of these and other CARE data items as they relate to communication between providers across the care transition.

The Impetus for Change in How CARE Data Is Collected

As the Care Transition Project has evolved since its August 2008 launch, it has become necessary for CMS to discontinue support for the Web-based application version of the CARE instrument as part of its implementation strategy for the Project. This discontinuance is not a reflection on the quality of the instrument, but rather, a technical problem that is specific only to the use of the CARE instrument in the QIO Program's Care Transitions Project. (This discontinuance does not affect the use of the CARE instrument in other CMS projects, including the Post-Acute Care Payment Reform Demonstration.)

Although CMS cannot currently support the Web-based tool as part of the Care Transitions Project, Project community participants should note that a paper-based version of the instrument is still available. Project communities should work with their local QIOs to determine how the paper-based CARE instrument can be used to meet the unique needs of each participating community as well as to implement the strategies the QIOs have designed to address rates of re-hospitalization within those communities.

Project community participants are also encouraged to collaborate with their QIOs to seek innovative ways to incorporate the paper version of the CARE instrument into other electronic platforms to support the exchange of information between treating providers, including Health Information Exchanges (HIEs).

The paper-based CARE instrument can be found online at
<http://www.cfmc.org/caretransitions/care.htm>.

Additional general information on the 9th SOW and the Care Transitions Project can be found at:
www.cms.hhs.gov/QualityImprovementOrgs.

The Centers for Medicare & Medicaid Services thanks you in advance for your interest in this critical initiative.

What are QIOs?

The QIO Program, created by law in 1982, provides three-year contracts to organizations throughout the country to improve the quality, safety, efficiency, and economy of health care services delivered to Medicare beneficiaries and the public at large. To learn more about the QIO Program, call 1-800-MEDICARE or visit Medicare online at www.medicare.gov.

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